MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011516

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1575

FILED MAR 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 3 39
3
4 2
5 1
6
7 1
8 2
9 162.1
10
11
12 90-3
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2017 Prospect
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2017 Prospect
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: OSCAR Middle: F. Last: BROOKS

4. DATE OF DEATH: Month: 3 Day: 10 Year: 63

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 12-23-02

9. AGE (last birthday): 60

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Apt. Bldgs.

11. BIRTHPLACE (City and state or country): Yoakum, Texas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Brooks

13b. MOTHER'S MAIDEN NAME: Annie ---------

14. NAME OF HUSBAND OR WIFE: Eula Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: S. Y. Brooks 2017 Prospect

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchogenic Carcinoma Right Lung.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cancer Cachexia

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Tillman M.D. Deputy Coroner

22b. ADDRESS: 16 18 Lydia Ave.

22c. DATE SIGNED: 3/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-14-63

23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn

23d. LOCATION (City, town, or county) (State): K. C. Mo.

24. FUNERAL DIRECTOR ADDRESS: Jones & Stevens 3315 Linwood

25. DATE RECD. BY LOCAL REG.: 3-11-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.